## APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA PG 1

See STA Instruction Guide for detailed instructions.  If you are involved in a School District Bond Election, you must file Form STA with the local filing authority BEFORE sending a file-stamped copy to the Texas Ethics Commission.	1 Total pages filed;	
2 COMMITTEE DON'T TAX ME F.B., ORG	OFFICE USE ONLY Filer ID #	
3 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE/ ADDRESS / PO BOX; APT / SUITE #; CITY; APT / S	APAPR 0 50 1919	
4 CAMPAIGN TREASURER NAME  MS/MRS MR FIRST MI  COMPAIGN PROPERTY MI  NICKNAME CAMPAIGN PROPERTY NAME  NICKNAME CAMPAIGN PROPERTY NAM	Date Hand-delivered or Postmarked  Receipt #	
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)  STREET ADDRESS (residence or business)  STREET ADDRESS (residence or business)  STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; OFFY; STATE; ZIP CODE  APT / SU	Date Processed MANAGER'S O	
6 MAILING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP COD€ ADDRESS  Same as above		
7 CAMPAIGN TREASURER PHONE PHONE NUMBER EXTENSION  AREA CODE PHONE NUMBER EXTENSION  (2/4) 536- 4364		
8 PERSON FIRST MI LAST APPOINTING TREASURER	SUFFIX	
I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Campaign Treasurer		
10 ASSISTANT FIRST MI LAST CAMPAIGN TREASURER (see instructions)	/ SUFFIX	
11 ASSISTANT ADDRESS / POBOX; APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN TREASURER ADDRESS		
ASSISTANT CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION  ( )		
CONTINUE ON PAGE 2		

## FORM STA SPECIFIC-PURPOSE COMMITTEE: PG 2 PURPOSE AND MODIFIED REPORTING DECLARATION 13 COMMITTEE NAME **14 COMMITTEE PURPOSE** SUPPORT CANDIDATE OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OPPOSE CANDIDATE ASSIST OFFICEHOLDER FLECTION DATE BALLOT IDENTIFICATION OF MEASURE / # SUPPORT MEASURE DESCRIPTION OPPOSE MEASURE 15 MODIFIED REPORTING COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING DECLARATION MODIFIED REPORTING. •• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •• ••The modified reporting declaration is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.) The committee does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report. Year of election(s) or election cycle to Signature of Campaign Treasurer which declaration applies ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED